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STACY Safe & Together Addressing ComplexitY

Summary Practice Guide: Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues

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Glossary

All-of-family approach

The all-of-family approach is underpinned by feminist theories that attend to the intersection of multiple drivers of domestic and family violence (DFV) including sexism, racism, colonisation, ableism, homophobia and other forms of oppression. The approach involves working with each family member in the context of their family, extended family or community. The Safe & Together Model is an exemplar of this approach, and provides a high-level, ethical and transferable framework for conducting holistic and collaborative work across services and sectors. At a practitioner and organisational level, it involves: keeping children safe and together with the non-offending parent; building an alliance with the non-offending parent by recognising and supporting her care and nurturance of children; and intervening with the perpetrating parent to reduce risk of harm to adult and child survivors and holding him to account for his use of violence and coercive control.

Child-focus

This phrase refers to inclusive practices informed by an understanding of child development and wellbeing that consider the child's experiences of, and perspectives on, how fathers' use of violence and coercive control toward their family, either or both parents' substance misuse and/or mental health issues, impact the child.

Coercive control

This phrase refers to both physical and non-physical actions that constrain the behaviour of others, undermining their liberty, self-determination, and choices that they can make, attacking their quality of life, physical and emotional safety. Coercive control creates significant fear in adult and child survivors and thus harms the functioning of a family and a community. Perpetrator tactics include instilling fear by actual or threatened violence (to family members, partners, others, animals) or suicide, intimidating, humiliating, isolating, and micromanaging (such as constant surveillance of) the daily lives of survivor-victims. It is a relentless form of abusive behaviour that is easily manipulated so as to exacerbate and interfere with the mental health and/or substance misuse vulnerabilities in survivor-victims. Regardless of the perpetrator's intention, coercive control can be a particularly egregious and effective way of isolating adult survivors from family, friends, community and professionals, undermining the mother-child relationship, and contributing to system abuse of survivors. It is imperative that practitioners focus on the impact of the behaviour rather than on the reported intention of the perpetrator.

High expectations of men as fathers

Irrespective of men's mental health and/or substance misuse struggles, their parenting capacity should be assessed to the same standard of expectations as mothers. This means practitioners who work with fathers need to explore and document his care-giving role within the family, including the impact of his parenting choice in using DFV, on family functioning and, in particular, on children. It is highlighted as a way of counteracting the gender bias that informs interventions and systems, in which mothers and fathers are often treated differently. Setting a higher standard for fathers as parents than is usual merely means assessing them on the same criteria that mothers are assessed. The point here is to develop a gender responsive service system.

Intersections

Intersections between domestic and family violence, mental health and substance misuse refer to how one of those issues shapes the contours of the other issue, e.g. how DFV perpetrators' behaviours create the context for the survivors' substance use patterns and related recovery challenges. Or how mental health issues may be treated as the primary issue by providers whilst the perpetrator's violence is ignored or considered a symptom.

The term is differentiated from intersectional theory (Crenshaw, 1998) which refers women's differential experiences of domestic violence which are influenced by the intersections of interlocking forms of oppression including sexism, racism, ableism, homophobia and other aspects of identity.

Pattern-based

This phrase is used as a distinction to an 'incident-based' or 'single incident' approach when referring to a father's pattern of behaviours that he chooses to use to harm and control adult and child members of his family. In an 'incident-based' approach, the perpetrator's pattern of behaviour can become de-contextualised and reduced to a 'single event', usually of physical violence. The trauma lens that this can frame may lose the attention to the wider undermining of family functioning which is equally important. While incidents may be important, there is always a danger that practitioners miss the full extent of his violence and coercive control so that it becomes invisible or diminished with dangerous consequences for adult and child survivors. Adult survivors can be frequently misidentified by police attending a DFV 'incident' as the primary aggressor or offender.

Perpetrator

This descriptor is used frequently through the report to refer to men or fathers who use violence and coercive control toward their family and community. We recognise that it is preferable to separate 'the man' from his 'behaviours', however, at times the use of the phrase 'fathers who use violence and coercive control' is cumbersome. We use 'perpetrator' as a shorthand term and a term which has broad usage across systems e.g. criminal justice and child protection. We also are focusing on the dominant gendered pattern of men's violence against women and children.

Safe & Together Addressing ComplexitY

Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues

SUMMARY PRACTICE GUIDE

This Summary Practice Guide is a companion document to the full Practice Guide developed through the STACY Project. The content in this document provides an overview of the practice guidance detailed in the full Practice Guide for quick reference and should be used in combination with the full Guide whenever possible. This Summary Practice Guide is structured around the six themes that were identified in the STACY research project through discussions with practitioners, Project Advisory Group members, Safe & Together consultants and researchers:

1. Partnering with women
2. Working with men
3. Focusing on children and young people
4. Working collaboratively
5. Working safely
6. Influencing organisational practice change and capacity building

Practitioner guidance is provided in relation to how each theme can be addressed within the context of complexity arising from the intersections of DFV, parental substance misuse and/or mental health issues. This Summary Guide provides overviews of the key techniques and reflective questions that practitioners can refer to, with further practice tips, quotations and case studies available in the full Guide.

An intersectional lens informs this practice guidance and is critical to understanding parenting in the context of DFV, AOD and MH. Whilst the majority of DFV violence and coercive control is committed by men against women and their children (Cox, 2015), in both heterosexual and same-sex relationships, men can be survivor-victims, women can use violence (Kertesz et al, 2019), and young people can be abusive towards parents and other family members (Condry & Miles, 2014). In heterosexual relationships, however, women's use of violence rarely involves coercive control (a term described in the glossary). Coercive control results in more frequent, more severe injuries and death and is more likely to leave victims feeling afraid (ABS, 2005; Home Office, 2001, 2007).

This practice guidance is pitched toward the dominant gendered pattern of fathers' use of violence and coercive control against adult and child survivors. In referring to the 'perpetrating parent' and the 'non-offending parent', we aim to shift the focus of attention away from 'mother-blaming' and gender-blindness to mothers' protective capacities towards assessments of each parent's behaviours. This means assessing fathers' parenting according to the same criteria that mothers' parenting is assessed. We ask practitioners to consider the specificity of the diverse client 'settings' in which they are working and remember that their clients may have significant, wider family, community and cultural considerations that play a role in the intersecting complexities of DFV, AOD and MH issues they live with. We hope senior management in organisations specifically run by and for Indigenous, ethno-specific, gender and sexual diverse and LGBTQI and disability advocate bodies may consider the usefulness of adapting these guidelines for their own communities.

A glossary of terms appears at the front of this document; we encourage you to read it first.

Women survivors of DFV have higher rates of substance misuse and/or mental health problems. It is vitally important to consider the context in which survivors' substance misuse and/or mental health issues develop. Perpetrators who subject women to repeated violence and coercive control can cause, exacerbate and interfere with women's attempts to address mental health problems and/or substance misuse. It is crucial that practitioners acknowledge women's inherent strengths and attempts to resist becoming overwhelmed by intimate partner violence.

Techniques for 'partnering with women' at the intersections

Practical strategies for 'partnering with women' within a context of complexity include:

- ✓ Affirming her partner's responsibility for his violence even when the use of substances or mental health issues may be present
- ✓ Asking respectful, specific questions about the nature of the perpetrator's abusive behaviours particularly in relation to substance use, mental health issues and recovery
- ✓ Assessing for safety and wellbeing and her protective efforts
- ✓ Validating her feelings and concerns
- ✓ Collaborative planning with survivors around their safety and well-being as well as their children
- ✓ Documenting her strengths and the perpetrators patterns of behaviour to the degree that is safe and appropriate for the setting

The following reflective questions may be useful to guide practice in your agency while 'partnering with women' at the intersections of DFV, substance misuse and mental health issues.

Questions for consideration when partnering with women

- Do we explore and document how the perpetrator of violence targets his partner's substance use and/or mental health issues in order to exert power and control over her?
- Do we consider how the perpetrator leverages the survivor's substance misuse and/or mental health issue in order to manipulate professionals into believing that she is an 'un-protective' or 'unfit' mother'?
- Do we consider how the perpetrator's pattern of abuse might exacerbate/cause/interfere with the adult survivor's struggles with mental health and/or substance misuse?
- Do we consider how the perpetrator's pattern of abuse might exacerbate/cause/interfere with the adult survivor's attempts at recovery?
- Do we routinely document the non-offending parent's pattern of protective behaviour, making apparent the full spectrum of her efforts to promote the safety and wellbeing of her children and resist the violence and abuse?

Working with fathers at the intersections of DFV, parental substance misuse and mental health issues involves 'pivoting to the perpetrator'. This concept requires a perpetrator-pattern based approach, as opposed to the 'single DFV incident' focus. Pivoting is one of the three cornerstone principles of the Model and a child-focussed, DFV-informed, all-of-family approach to child protection.

Techniques for 'pivoting' at the intersections

Practical strategies for 'pivoting to the perpetrator' within a context of complexity include:

- ✓ increasing the visibility of fathers who use of violence and coercive control
- ✓ developing practices that hold men accountable for their use of violence and coercive control, irrespective of factors that increase the complexity of their lives
- ✓ engaging men who use violence and coercive control within a context of complexity

To guide practice while 'pivoting to the perpetrator' at the intersections of DFV, parental substance misuse and/or mental health issues, the Safe & Together approach emphasises that the following reflective questions be kept in mind.

Questions for consideration when working with men

- What role does parental substance misuse and/or mental health issues play in exacerbating the perpetrator's danger to the family or harm to the children?
- Are we making clear connections between parental substance misuse and/or mental health issues and risk, safety and/or protective factors related to the perpetrator's use of violence and coercive control?
- Are we integrating safety considerations into the treatment of parental substance misuse and/or mental health issues for adult and child survivors?
- Are we exploring how the perpetrator may interfere with or undermine the adult survivor's treatment or recovery as a tactic of coercive control?
- Do we excuse the perpetrator from taking responsibility for abusive behaviours through diagnostic and treatment procedures and documentation practices?
- Are we engaging in 'siloed practice' that separates the perpetrator's use of violence and coercive control from substance misuse and/or mental health issues of the perpetrator or survivor?

The safety and wellbeing of children and young people must always be the paramount consideration driving practice with families that contain men who use violence and coercive control. In the midst of significant complexity arising from DFV, substance misuse and/or mental health issues, which are often nested within other forms of oppression such as racism, sexism, and poverty, adult's problems can override considerations about children and young people.

Techniques for focusing on children's safety and wellbeing at the intersections

Practical strategies to increase the focus on children within a context of complexity include:

- ✓ Keeping children visible and heard
- ✓ Connecting the dots between the perpetrator's pattern, including substance misuse and/or mental health issues and the impact on children
- ✓ Validate and support children and young people

To guide practice to ensure a strong focus on children's safety and wellbeing at the intersections of DFV, substance misuse and mental health issues, the following reflective questions can be kept in mind:

Questions for consideration when focusing on children's safety and wellbeing

- Do we participate in case plans that have the ultimate goal of ensuring that all efforts are undertaken to enable children and young people to live safely together with their non-offending parent?
- Do we make a concerted and persistent effort to engage, interview and validate child survivors who experience parental substance misuse, DFV, and/or parental mental health issues?
- Do we advocate for children's and young people's voices to be heard and for their lived experiences to be taken seriously?
- Does my agency or community invest sufficiently in services to help children living in complexity to heal and enjoy their full citizenship rights?
- Do we seek to contextualize children's behavioural, mental health or substance use issues back to the perpetrator's behaviours?
- Does our treatment plan for children consider how the perpetrator may attempt to sabotage or interfere with their recovery or treatment efforts?
- Do we consider counselling options that include the mother to encourage the mother-child relationship that can be damaged by his abuse?

The intersections of child protection, DFV, mental health and substance misuse is a complex area of practice in which practitioners across various sectors face numerous challenges to their physical, psychological and emotional safety. These threats are interrelated and stem from factors within client families, the individual worker, the organisation and the wider community.

Techniques for focusing on worker safety and wellbeing at the intersections

Practical strategies to increase the focus on children within a context of complexity include:

- ✓ Attending to physical safety
- ✓ Promoting emotional and psychological wellbeing

The following reflective questions may be useful to consider when attending to worker safety at the intersections of DFV, substance misuse and mental health issues:

Questions for consideration in focusing on worker safety

- How do we assess and manage perpetrator risks to workers engaging in families where there is DFV, mental health problems and/or substance misuse?
- How do we share information and collaborate with other professionals to ensure worker safety when multiple agencies are engaging with the family?
- What role does substance misuse and/or mental health issues play in exacerbating the risks to workers?
- How are workers and organisations considering psychological and emotional safety to promote wellbeing?
- How do senior managers support practitioners working in a frustrating environment where there is a lack of resources for their clients particularly in relation to housing and impoverishment (for example, having to 'choose' between putting food on the table and paying for mental health treatment)?

Historically, DFV, child protection services, alcohol and other drug services and mental health services have been siloed from each other, despite the fact that they have often been working with the same service users. In order for organisations to work collaboratively, it is vital that siloed service delivery is identified and attempts to develop holistic services that attend to the multiple and complex needs of families are established. Working collaboratively with family members, and the non-offending parent in particular is a vital part of good practice that leads to improved safety and wellbeing outcomes. Women who experience DFV are pivotal players in the multi-disciplinary team and workers need to collaborate at all phases of the intervention process with them. In parallel, when services collaborate around interventions with perpetrator, using shared information and a common framework around accountability and change, outcomes can improve for families.

Techniques for working collaboratively at the intersections

Practical strategies for working collaboratively within a context of complexity include:

- ✓ Identifying and breaking down silos in service delivery
- ✓ Leadership and formalisation of protocols for information sharing

The following reflective questions may be helpful to guide practice while working collaboratively at the intersections of DFV, substance misuse and mental health issues:

Questions for consideration when working collaboratively:

- Do we consider women survivors to be pivotal members of the multi-disciplinary team who have lived experience expertise in relation to the safety and wellbeing needs of their children and families?
- Do we identify aspects of the service system that are fragmented and advocate for more joined-up services?
- Are services coordinating around interventions with perpetrators?
- Where do we rate our agency on the Safe & Together continuum of domestic violence-informed practice?
- What can we do to move our agency towards domestic violence proficient practice?

Influencing organisational practice change and capacity building PRACTICE GUIDE

Influencing organisational practice change and capacity building is complex work and requires both a 'top down' and 'bottom up' approach involving individual practitioners, senior management and governance. To gain traction it is important to start small – set realistic and achievable targets that can be embedded into sustainable change in the long term. Work together with like-minded people who are equally committed to supporting organisational change and capacity building initiatives. Being part of a team that has a collective vision and purpose fosters enthusiasm and momentum collaboration towards improved practices.

Techniques for influencing organisational practice change and capacity building at the intersections of DFV, AOD and MH

Techniques for influencing organisational practice change and building capacity to work and collaborate at the intersections of DFV, substance misuse and/or mental health issues include:

- ✓ Explore key areas for practice change and capacity building
- ✓ Explore key strategies to influence practice change and build capacity
- ✓ Explore key barriers and facilitators

The following key questions are useful to consider:

Questions for consideration when influencing organisational practice change and capacity building

- Where is our practice (organisationally) in terms of implementing a child-focussed, DFV-informed, all-of-family approach to working at the intersections?
- What are the key areas that need to be addressed in our organisation when working towards a DFV-informed approach to practice at the intersections?
- What is our capacity to influence the practice of others within our organisation and collaborating agencies?
- Are we using consistent DFV-informed messaging across all our interactions with colleagues, collaborating organisations and clients?
- Are we willing to be flexible in how we approach implementing practice change to build the capacity of workers and organisations to be DFV-informed when working at the intersections?
- Are we setting realistic, achievable practice change goals that have a cumulative effect towards a complex system's change?

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